2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90280 043 ***158.75

A0070507

DOCUMENT # P00000005376

1. Entity Name
Charne' Beauty Supply/Salon Company

Principal Place of Business	Mailing Address
609 SW Park St. Okeechobee, FL 34974	P.O. Box 2796 Okeechobee, FL 34973

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
609 SW Park St.	P.O. Box 2796
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee, FL
Zip: 34974 Country: USA	Zip: 34973 Country: USA

4. FEI Number 26-4433984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Melissa Mitchell-Murphy
302 SE 10th Ave.
P.O Box 2796
Okeechobee, FL 34973

7. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Melissa Mitchell-Murphy 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner / Melissa M. Murphy / same as above ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	last name change because of marital status ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Co-owner / Elijah Murphy, Jr / same address ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melissa Mitchell-Murphy 4/30/01 863-610-1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #